

SCHOOL OF BIOMEDICAL SCIENCES HONOURS APPLICATION FORM

Please complete this form in Word, ensure the appropriate signatures are included and submit the form by uploading it to your online application. If you are a Bachelor of Advanced Science (Honours) student, submit the via email to SBMS - Student and Academic Administration sbms@enquire.uq.edu.au.

The purpose of this is to confirm that the nature of the project, ethical approvals and/or research agreements, any risks in the event of experimental problems and continuity of quality supervision have been considered by the student prior to agreement to apply for honours.

It is anticipated that this form will be completed by the Student in close consultation with the Principal Supervisor, and where appropriate, the Co-Supervisor.

NOTE: This form does not replace the normal University requirements for enrolment

SCHOOL OF BIOMEDICAL SCIENCES HONOURS CANDIDATE DETAILS

Student Name: _____ **Student Number:** _____

Student Email Address: _____

Home Address: _____

Phone: _____

| | | | |
|-----------------------|--------------------------------------|--|---|
| Semester Start | <input type="checkbox"/> Semester 1 | <input type="checkbox"/> Semester 2 | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| Program: | <input type="checkbox"/> BSc Honours | <input type="checkbox"/> BBiomedSc Honours | <input type="checkbox"/> BAdvSci Honours |

Student Signature: _____ **Date:** _____

Title of Project: _____

| | | | |
|--|---------------------------------------|---------------------------------------|--|
| Research Theme: (choose one option only) | <input type="checkbox"/> Anatomy | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Biomedical Education |
| | <input type="checkbox"/> Immunology | <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Developmental Biology |
| | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Physiology | |

SUPERVISOR AGREEMENT

Principal Supervisor's Details

Name:

Host Laboratory Address:

Phone: **Email Address:**

SBMS Supervisor's Details (only required if Principal supervisor is non-SBMS academic or affiliate)

Name:

Phone: **Email Address:**

I, <insert Principal Supervisor name>, have considered the requirements and expectations, as detailed below, to fulfill the various teaching roles associated with the placement of a Biomedical Sciences (Honours) student within my research group.

Specifically, I have considered and/or discussed the following with the student:

- **Project Details** - I have prepared and outlined to the student the details of the Honours Research Project that they will perform. *SBMS strongly recommends that a 1-page document covering the Background to project, its Aims and Significance, and associated Methods is provided to, discussed and agreed upon with the student.*
- **Resources to complete the project** – I have ensured that all reagents and access to essential equipment will be available, enabling the student to complete the project. This includes laboratory space and financial resources.
- **Principal Supervisor Availability** – I understand that it is expected that I as Principal Supervisor and/or a delegated Co-Supervisor(s) will be available to adequately mentor the student during critical times, such as for starting the project, periods of skill development/training, and thesis writing. If the Principle Supervisor anticipates being unavailable for more than 4 weeks during the scheduled Honours year, a suitable co-supervisor must be recruited to fulfill this role during the period of absence.

Co-supervisor details:

Name:

Phone: **Email Address:**

- I confirm that all supervisors, including myself, meet the compulsory supervisor requirements, as outlined within the [SBMS Policy - Honours Supervisor Requirements](#). This includes that at least one of the supervisors to be an **academic or affiliate of the School of Biomedical Sciences**. In signing this form, I confirm that an appropriate supervisory team incorporating an SBMS academic / affiliate has been organized.
- **Ethics Approvals (humans, animals, radiation, etc)** – I have ensured these are in place and current. If required, I will timely submit the students details as part of a modification to have them included on the approval certificate.
- **OH&S Training** – I will ensure that all required laboratory safety inductions and training are completed by the student. To ensure student safety, I will make sure that they receive supervised training, identifying any risk associated with the experimental protocols they will perform and/or the laboratory equipment that they will operate.
- **Student Assessment** – I agree to participate as required in the assessment of other Honours students associated with this intake.
- **Commercial in confidence** – I understand that it is my duty as Principle Supervisor to timely coordinat, and take full responsibility for any special requirements that may need to be in place around assessment activities for projects classed as “commercial in confidence”. *The Honours Coordinators strongly encourage, wherever possible, the formulation of projects in a manner that does not cause the student difficulty, whether real or perceived, in presenting their research in an open and effective manner.*

Lastly, the Principal Supervisor is expected to make students aware of any potential risks which may delay the project. This may include the need to obtain regulatory requirements, securing research agreements for the research project, sourcing of materials and/or the putative impacts of any predictable absences within the supervisory team. In signing this form, I confirm that I have considered and acted upon the above. I also confirm that, where applicable, any potential risk that may delay the project progression has been discussed with the student so they can consider it prior to submission of this application.

Signature

(Principal Supervisor):

Date: